

Why Sacramento County Did Not Apply For Whole Person Care Pilot

WPC funding does not address the most critical needs of those who are homeless - health and behavioral health services and housing.

The pilot does not allow spending WPC funds on services that are otherwise eligible for Federal Medicaid reimbursement (e.g., healthcare, mental health services), so it would not help the County to expand services.

The WPC pilot provides more money for navigators or case managers, which would result in waiting lists for services rather than actual services and housing. The County's priority is increasing capacity for health services and housing.

WPC money cannot be spent on housing. The County has committed more than \$4 million in General Fund resources to getting people who are homeless into housing.

The County has focused its time and resources on programs that will offer more of what the homeless actually need.

- **Mental health crisis residential centers** - The County has invested nearly \$6 million to open three centers that will reduce reliance on hospitalization and emergency room use
- **Collaboration with law enforcement** – The County has invested \$1 million for in-the-field coordination with law enforcement to direct persons with mental illness to appropriate services rather than emergency rooms.
- **Mental health urgent care center** – With a capacity to service 300-400 people, this will offer a better alternative to hospitalization and emergency room use.
- **Residential drug abuse treatment and detoxification** – The County is pursuing a major new federal waiver that will pay for increased capacity for these service programs. With more services, individuals who are homeless and have substance abuse issues will be more likely to stabilize so they can achieve and maintain successful housing.
- **Increasing capacity at the Mental Health Treatment Center** – The County is implementing increased options such as sub-acute residential treatment beds and an off-site criminal justice trial competency restoration program. These options will open up inpatient mental health treatment beds for individuals who would otherwise be on the street or in hospital emergency rooms.
- **Mental health services to children** – The County is working to expand short-term residential treatment for foster children to implement the statewide Child Welfare Continuum of Care reform program. This will enable the County to place foster children in foster homes as expeditiously and safely as possible and increase their likelihood for long-term success, preventing future homelessness.
- **Full-service re-housing shelter** – This will provide 24-hour dormitory-style shelter for up to 75 people, with accommodations for partners, possessions, and pets, mental health and substance abuse services, and re-housing assistance.

- **Flexible supportive re-housing services** – The County will target individuals and families experiencing long-term homelessness who frequently utilize costly services (such as behavioral health, emergency response, or jail), but who could, with the right assistance, stabilize in permanent supportive housing.
- **Redesigned family shelter system** – The County is changing its investment plan to provide up to 33 families each night a safe place to stay and receive services toward stable permanent housing.
- **Transitional housing** – This will provide safe shelter to high-risk, unsheltered families who cannot be diverted from homelessness immediately, while assisting them in finding housing.

The WPC would substantially risk County dollars that could be better spent on programs discussed above.

The County must put up its own local funding for this program. Federal law authorizing WPC *requires that local matching funds be public funds* that qualify for Federal Financial Participation under Medicaid law, and that applicants provide these public funds up front to pay for the additional services. Using funds provided by organizations related to healthcare providers, such as hospitals, creates federal audit risk; the County could be required to substitute County dollars.

We would have to demonstrate improvements in certain health outcomes, such as emergency department utilization, reduced psychiatric symptoms, and controlled diabetes. If we could not provide the data that showed improved health care outcomes and/or Medicaid savings, the federal government could force the County to cover the costs of the waiver-funded programming.

The ability to demonstrate improved outcomes would be very difficult.

- Without increased service capacity to provide actual health care, it will be very difficult for Sacramento County to achieve the required outcome goals. The WPC does not fund increased capacity for medical treatment or any service that Medicaid already pays for.
- Experience suggests that collecting the necessary data from all of these systems to track patients and demonstrate effectiveness will be extremely difficult. This is easier for counties with a public hospital or other means to demonstrate savings of their own spending on healthcare services.

Unlike most counties, Sacramento County has four hospital systems, four Medi-Cal managed care plans (with two more coming), and numerous physician provider associations and Federally Qualified Health Centers. The County would have to track healthcare service utilization by homeless individuals across all of these provider systems, which would require substantial coordination of data systems and sharing of patient records.